The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Mr. Joseph	MI	OFFICE USE ONLY
NAME			Date Received
. :	NICKNAME LAST	SUFFIX	
* * * * * * * * * * * * * * * * * * *	Medina		* * * * * * * * * * * * * * * * * * * *
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 11719 Rousseau San Antonio, To	CITY; STATE; ZIP CODE "X 78251	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(210) 784-6165		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mary	Kathryn	Date Processed
	NICKNAME LAST Luna	SUFFIX	Date Imaged
	Duna		Date illiaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 407 Bertetti Dr. San Antonio, TX		ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 215-2780	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OOVERLED		THROUGH	′ /
	July 1, 2019 thro	ough December 31, 2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05 / 04 / 19 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
NISD Trustee	Single-Member District #1		
	GO TO	PAGE 2	

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)
Josep	oh H. Medina		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI NIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI NISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
f :	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	·		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	NN \$.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$.00
	4. TOTAL	POLITICAL EXPENDITURES	\$.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	*.00
18 AFFIDAVIT			· · · · · · · · · · · · · · · · · · ·
A SECOND	MARY GARCIA otary Public, State of Comm. Expires 10-1 Notary ID 131316	true and correct and includes all info under Title 15, Election Code. 6-2021 31-5	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAME	P/SEALAROVE	Signature of Carlo	indute of Officeriologic
		y the said <u>Joseph H. Medina</u>	, this the
day of Dec	, 20 <u>\9</u> , t	o certify which, witness my hand and seal of office.	
may (sarcia	many Garcia	Secretary
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Gerald NICKNAME LAST Lopez	MI B. suffix	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CO 7835 Emerald Elm San Antonio, AREA CODE PHONE NUMBER (210) 247-8356	CITY; STATE; ZIP CODE TX 78251 EXTENSION	. Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST	MI 	Receipt # Amount \$ Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before electric X July 15 8th day before electric X		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year THROUGH July 1, 2019 through December 31, 2019					
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 04 / 19 X General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE NISD Trustee	OFFICE HELD (if any) Single-Member District #2	13 OFFICE SOUGHT (if known)				
	GO ТО І	PAGE 2				

14 C/OH NAME Gerald B. Lopez	*		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
,	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$.00		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$.00				
	4. TOTAL POLITICAL EXPENDITURES \$.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$.00				
18 AFFIDAVIT	and the latest of the same and				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas Comm. Expires 10-16-2021 Notary ID 13131631-5 Signature of Candidate or Officebelder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscri	bed before me, by	the said Gerald B. Lopez certify which, witness my hand and seal of office.	, this the <u>IQ</u>		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Secretory Title of officer administering oath		

The C/OH Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Mrs. M' Lissa	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	Chumbley ADDRESS / PO BOX; APT / SUITE #; C 6718 Forest Haven, San Antonio AREA CODE PHONE NUMBER	OITY; STATE; ZIP CODE , TX 78240	
OFFICEHOLDER PHONE	(210) 202-6677	2.1.2.1615.1	Date Hand-delivered or Date Postmarke
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI 	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 3 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE #; CITY; STATE; EXTENSION	ZIP CODE
REPORT TYPE	January 15 30th day before election 3 th day before 8 th day before 8 th day before 8 th day before 8 th day 6	TO TO THE STATE OF	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year July 1, 2019 through	Month THROUGH December 31, 2010	Day Year
ELECTION	ELECTION DATE Month Day Year Primary 05 / 04 / 19 X General	ELECTION TYPE Runoff Other Description Special	
OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
NISD Trustee	Single-Member District #3		

14 C/OH NAME					
M'	Lissa M. Chum	bley	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION					
TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N \$.00		
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$.00				
EXPENDITURE TOTALS					
· · · · · ·	4. TOTAL P	OLITICAL EXPENDITURES	\$.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PE	\$.00			
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas Comm. Expires 10-16-2021 Notary ID 13131631-5 AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said M' Lissa M. Chumbley , this the 19 day of D & C , 20 19 , to certify which, witness my hand and seal of office.					
Signature of officer adm	CIMO ministering oath	Mary Garcia Printed name of officer administering oath	Secretary Title of officer administering oath		

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr First Mr. Robert	MI	OFFICE	USE ONLY
	NICKNAME LAST Blount	Jr.	Date Housing	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 13450 Sunnyview Trails, San Ant	otonio, TX 78253		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 334-1320	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
NAME			Date Processed	
			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	-	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day afte treasurer app (Officeholder	pointment
	X July 15 8th day before elect	stion Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year July 1, 2019 throu	THROUGH ugh December 31, 2019	Day Year	
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 04 / 19 X General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	-	
NISD Trustee	Single-Member District #4			
GO TO PAGE 2				

Robert Blount, Jr.		1	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	TICAL SUPPORT THE CANDIDATE / OSEPSED OF THE CAN					
;	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF SECOND LESS AND LESS				
TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THANS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$.00			
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$.00			
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$.00			
	4. TOTAL F	POLITICAL EXPENDITURES	\$.00			
CONTRIBUTION BALANCE	5. TOTAL PO	AY \$.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$.00			
18 AFFIDAVIT						
Not	MARY GARCIA tary Public, State of	I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	jury, that the accompanying report is nation required to be reported by me			
2. Y	omm. Expires 10-16- Notary ID 1313163	1-5				
AFFIX NOTARY STAMP	/SEALABOVE	Signature of Candid	ate or Officeholder			
Sworn to and subscrib	bed before me by	the said Robert Blount, Jr.	100			
		certify which, witness my hand and seal of office.	, this the			
May 6 Signature of officer add	ravcia	Mary Garcia	Secretary			
o man a on omicor au		Printed name of officer administering oath	Title of officer administering oath			

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Ms/Ms First Mrs. Katie NICKNAME LAST Reed	N. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 7317 Ashton Place, San Antonio,	CITY; STATE; ZIP CODE TX 78229	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 308-5555	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele X July 15 8th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year July 1, 2019 throu	THROUGH ugh December 31, 2019	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 6 / 17 X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
NISD Trustee	Single Member District #5		
	GO TO P	AGE 2	

14 C/OH NAME Katie N. Reed		1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE:	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$.00		
· · · · ·	2. TOTAL F	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00		
EXPENDITURE TOTALS	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$.00		
	4. TOTAL P	OLITICAL EXPENDITURES	\$.00		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	°× \$.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	\$.00			
18 AFFIDAVIT					
	MARY GARCIA otary Public, State of Comm. Expires 10-10 Notary ID 131316	of Texas 6-2021 31-5 under Title 15, Election Code.	ation required to be reported by me		
AFFIX NOTARY STAMP /	SEALABOVE) Signature of Candida	ile of Officeholder		
Sworn to and subscribed ay of $D \cdot C$	ed before me, by to o	the said <u>Katie N. Reed</u> certify which, witness my hand and seal of office.	, this the <u> </u>		
Mary G Signature of officer adm	arcia	Mary Garcia	Secretary Title of officer administration		
			Title of officer administering oath		

The C/OH Instruction G	àuide explains how to	complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Carol LAST		B 	OFFICE Date Received	USE ONLY
	10.5.5.5.5.5.5	Harle		SOTTIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 423 Cliffside	APT / SUITE #; Shavano Park, T	CITY; STATE; Sexas 78231	ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	954-4206	EXTENSIC	DN	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST			Date Processed	1
				GOLLIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO	PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	N .		
9 REPORT TYPE	January 15	30th day before ele		off eded \$500 limit	15th day afte treasurer api (Officeholder Final Report	pointment
10 PERIOD COVERED	Month	Day Year July 1, 2019	тнвоидн through Decemb	Month Der 31, 2019	Day Year	etikko-fernintalija opionata ilija opiona pi napidopanja galai
11 ELECTION	Month Day 05 / 06	Year Primary 17 X General		Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SC	DUGHT (if known)		
NISD Trustee	Single Member	District #6				
		GO ТО	PAGE 2	14-1-1		

14 C/OH NAME Care	ol Berg Harle	15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
,		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$.00				
1 1 2 2	4. TOTAL POLITICAL EXPENDITURES \$.00				
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$.00		
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI Y OF THE REPORTING PERIOD	\$.00		
18 AFFIDAVIT					
AMDII.		I swear, or affirm, under penalty of per			
ARY PUBLISHENO	MARY GARCIA tary Public, State o	16	nation required to be reported by me		
S Co	omm. Expires 10-16 Notary ID 1313163	-2021	tarle		
		Signature of Candid	ate or Officeholder		
AFFIX NOTARY STAME	P/SEALABOVE				
Sworn to and subscr	ibed before me, b	y the said Carol Berg Harle	this the		
day of Dec		o certify which, witness my hand and seal of office.			
may	Garcia	mary Garcia	secretary		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

3 CANDIDATE/ OFFICEHOLDER NAME MS / MRS / MR MS / MRS / MRS / MR MS / MRS / M					
OFFICEHOLDER NAME Mrs. Karen CANDIDATE	The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages t	iled:
CANDIDATE	OFFICEHOLDER	7.5	MI	OFFICE	USE ONLY
### ACANDIDATE / OFFICE HOLDER ADDRESS /PO BOX: APT / SUITE #; CITY: STATE; ZP GODE MAILING ADDRESS PO BOX: APT / SUITE #; CITY: STATE; ZP GODE MAILING ADDRESS PO BOX: APT / SUITE #; CITY: STATE; ZP GODE MAILING ADDRESS PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Postmarks PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Postmarks PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Postmarks PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Postmarks PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Postmarks PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Postmarks Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE PO BOX: APT / SUITE #; CITY: STATE; ZP GODE PO BOX: APT / SUITE #; CITY: STATE; ZP GODE PO BOX: APT / SUITE #; CITY: STATE; ZP GODE PO BOX: APT / SUITE #; CITY: STATE; ZP GODE PO BOX: APT / SUITE #; CITY: STATE; ZP GODE PO BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE Po BOX: APT / SUITE #; CITY: STATE; ZP GODE	NAME	NO MONTH OF THE PARTY OF THE PA		Date Received	
A CANDIDATE / OFFICEHOLDER ADDRESS /PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE MALINER ADDRESS 9522 Maytum Circle, Helotes, TX 78023 STATE: ZIP CODE		Enot	SUFFIX		
OFFICEHOLDER MAILING ADDRESS Change of Address S CANDIDATE/ OFFICEHOLDER PHONE NUMBER (210) 413-5736 C CAMPAIGN TREASURER NAME NICKNAME LAST SUFFIX Date Hand-delivered or Date Postmark Receipt # Amount \$ Date Processed Date Imaged Date Imaged Date Imaged Date Imaged Date Imaged Date Imaged TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OITY: STATE: ZIP CODE OR PHONE PHONE PHONE NUMBER APRA CODE PHONE NUMBER CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OITY: STATE: ZIP CODE PHONE PHONE APRA CODE PHONE NUMBER EXTENSION PHONE EXTENSION PHONE Date Imaged THOUGH July 15 Sift day before election Runoff Date Postmark SUFFIX Date Processed Date Imaged The Code The Code The Code The Code The Code The Code THROUGH July 1, 2019 through December 31, 2019 ELECTION DATE BLECTION DATE Month Day Year Diffice HELD (if any) Single-Member District #7 The Code The Code SUGHT (if brown) The Code Sught Imaged The Code Sught Imaged The Code Sught Imaged The Code Sught Imaged Special THROUGH JUly 1 Copper Description Description Description Single-Member District #7	4 CANDIDATE			x - y	
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 19 REPORT TYPE January 15	NAME	NICKNAME LAST		Date Processed	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 Solin day before election Exceeded \$500 limit Final Report (Altach COH - FR) 10 PERIOD COVERED Month Day Vear THROUGH July 1, 2019 through December 31, 2019 11 ELECTION ELECTION DATE Month Day Vear Primary Runoff Hunoff Treasurer appointment (Office Hello (if any)) THROUGH July 1, 2019 through December 31, 2019 13 OFFICE SOUGHT (if known) NISD Trustee Single-Member District #7			SUFFIX	Date Imaged	
8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 Sth day before election Runoff Exceeded \$500 limit Final Report (Attach C/OH - FR) Final Report (Attach C/OH - FR) THROUGH July 1, 2019 through December 31, 2019 ELECTION DATE Month Day Year Primary Runoff ELECTION TYPE Month Day Year Primary Runoff BLECTION TYPE Month Day Year Primary Runoff BLECTION TYPE Month Day Year Primary Runoff Diber Description Special 2 OFFICE OFFICE HELD (if any) NISD Trustee Single-Member District #7	TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE#; CITY; STATE;	ZIP CODE	
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NISD Trustee Single-Member District #7			Description		
	2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2	NISD Trustee	Single-Member District #7			
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14 C/OH NAME Karen Freeman			15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional D	SOMMITTEE CHIMITAIGN TREASURER NAME			
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION				
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$.00	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$.00	
	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$.00	
	4. TOTAL POLITICAL EXPENDITURES		\$.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AY \$.00	
OUTSTANDING	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE		
LOAN TOTALS	LAST DAY	\$.00		
3 AFFIDAVIT	,			
Comr	MARY GARCIA / Public, State of Te n. Expires 10-16-20 tary ID 13131631-5	21	nation required to be reported by me	
AFFIX NOTARY STAMP /	SEALABOVE			
Sworn to and subscrib	ed before me, by	the said <u>Karen Freeman</u>	, this the 19	
day of Vec	_, 20 <u> </u>	certify which, witness my hand and seal of office.	, uno ule t	
(han) (, mand and seal of office.		
Tr wy	sarra	mary Gercia	secretary	
Signature of officer adm	inistering oath	Printed name of officers and the second	Title of officer administering oath	